

NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809

http://oa.mo.gov/purchasing

M15C http://oa.mo.go RFP5 30D349 01900042

| CONTRACT NUMBER | CONTRACT TITLE |
|--|--|
| CS170042004 | Alternatives to Abortion Program Services |
| AMENDMENT NUMBER | CONTRACT PERIOD |
| Amendment #001 | July 1, 2017 through June 30, 2018 |
| REQUISITION/REQUEST NUMBER | SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID |
| NR 886 DFA18000005 | 43161118100/MB00097920 |
| CONTRACTOR NAME AND ADDRESS | STATE AGENCY'S NAME AND ADDRESS |
| THE HAVEN OF GRACE 1225 WARREN ST LOUIS MO 63106 | Department of Social Services Division of Finance & Administration Svs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082 |

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

Contract CS170042004 is hereby amended pursuant to the attached amendment #001, dated 08/14/17.

| BUYER | BUYER CONTACT INFORMATION | |
|--------------------|--|--|
| Julie Kleffner | Email: <u>julie.kleffner@oa.mo.gov</u> Phone: (573) 751-7656 Fax: (573) 526-9816 | |
| SIGNATURE OF BUYER | DATE | |
| Julie Klepha | 8-25-17 | |

DIRECTOR OF PURCHASING

Houst bager

Karen S. Boeger



AMENDMENT NO.: 001

CONTRACT NO.: CS170042004

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

TO:

THE HAVEN OF GRACE

1225 WARREN

ST LOUIS MO 63106

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

| SCAN AND E-MAIL TO: | Julie.Kleffner@oa.mo.gov |
|---------------------|---|
| FAX TO: | (573) 526-9816 |
| MAIL TO: | PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101- |
| <u> </u> | 1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

| VENDOR NAME | Missouribuys System ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) |
|--|---|
| The Haven of Grace | MB00097920 |
| MAILING ADDRESS | |
| 1225 Warren Street | |
| CITY, STATE, ZIP CODE | |
| St. Louis, MO 63106 | |
| | |
| CONTACT PERSON | hwinsby@havenofgracestl.org |
| Heather Winsby | |
| PHONE NUMBER | FAX NUMBER |
| 314-621-6507 | 314-241-4913 |
| VENDOR TAY BUT INC. THE WITH IRE WHECK ONE | |

AMENDMENT #001 TO CONTRACT CS1700420004

CONTRACT TITLE:

Alternatives to Abortion Program Services

CONTRACT PERIOD:

July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services Division of Finance and Administrative Services 221 W. High Street, Room 310 Post Office Box 1082 Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

| | Geographic Region 6 | \$_460,312.60 | maximum annual total price | |
|---|---------------------|----------------|----------------------------|---|
| 1 | | (\$463,841.07) | | l |

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

NOTE:

The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.



Total Request

Alternatives to Abortion Contract NO. CS170042004

| Budget | | Budget Narrative |
|----------------------------------|---------------------------------------|--|
| Salaries & Wages | 232,368.00 | Director of Programs, Program Manager, |
| Benefits | 29,378.00 | Family Advocate, Therapist, 4 House |
| | 261,746.00 | Parents |
| Direct Admin | | |
| Office Utilities | 24,000.00 | Electric, water, sewer, trash |
| Facility Insurance | 26,880.00 | Commerical Property, General Liability |
| Office Supplies | 2,000.00 | As Stated |
| Office Equip/Computers | 5,440.00 | Computers and furniture |
| Office Comm/Internet | 4,800.00 | phone and wifi |
| Office Rep/Maint | 32,000.00 | eterminating, lawn, irrigation, snow removal |
| Security | | alarm system, cameras, monitoring |
| Staff Development | 4,000.00 | training |
| Accounting (Grant Assistance) | 3,000.00 | Accounting Services |
| IT & Technology | 8,000.00 | IT Services |
| Consulting (6 Mos.) (Interim ED) | 6,000.00 | As Stated |
| | 117,720.00 | - |
| Basic Needs/Baby | | Diapers, wipes, carseats, cribs, hygeine products, clothes |
| Direct Program | | |
| Cable | | Cable services and equipment |
| Grad/Milestone | | Gifts/incentives for program completion |
| Monthly Outings | | Educational and fun outings for shelter clients |
| Mental Health | | assesments and ciriculum for life skills |
| Classroom Supplies | • | As Stated |
| Computer Lab | • | Client computer equipment |
| Transportation | | Bus Tickets, taxi, car rentals |
| Furniture | | Furniture for program needs |
| Food | · · · · · · · · · · · · · · · · · · · | Groceries for shelter residents |
| Household Supplies | • | Cleaning supplies, paper products |
| , o according purposes | 42,900.00 | |
| | 12,500.00 | |
| Total Salaries/Benefits | 261,746.00 | |
| Total Direct Adm | 117,720.00 | |
| | 379,466.00 | - |
| 10% Indirect | 37,946.60 | |
| Total Program | 42,900.00 | |
| | | - |

460,312.60

Attachment 3

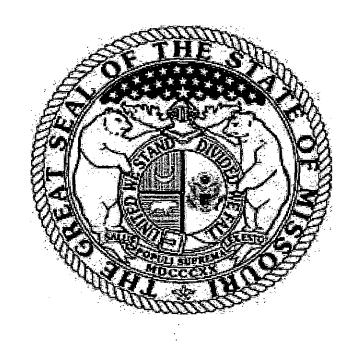
Department of Social Services

Reimbursement Request for Other Services

| Program: Alternatives to A | bortion | | |
|--|---|--|--|
| Contractor: | | _ | |
| Subcontractor: | | | |
| | t for the item, and the | m/service to be purchased. Li justification. Items must be a | |
| Client Name | | Date Enrolled | |
| Proposed Purchase Date | Item | Total Cost (include formal estimate from provider of services) | Justification, include other sources of funding that have been attempted |
| | | | |
| Amt. to be reimbursed Under section 2.7.4 of the A2. | A contract, the following | items and services are not eligibl | e for reimbursement: taxes, |
| travei expenses, snipping cha damages. Please subtract th | irges, insurance, interest, ese charges from your to | . penalties, termination payments, tal reimbursement request prior (| , attorney fees, and liquidated to submission. |
| Services, Division of Finan | ce & Administrative Se Iefferson City, MO 651 | m Manager, State of Missouri - rvices, Broadway State Office i 02-1082. May be faxed to 573, | Building, 221 W. High St., |
| Authorized person requesti | ng purchase: | D | ate |
| Purchase is Approved D | enied A2A Signature | I | Date |
| Reason for denying purchas | e: | | |

| Missouri Office of Administration | |
|---|--------------------|
| A2A Quarterly Expenditure Report | |
| Agency: [Insert Agency Name] | Contract Number: |
| Program Year July 1, 2017 - June 30, 2018 | |
| Revenue | Federal (TANF) |
| Revenue Request | \$ - |
| Indirect Administrative Costs Calculations | |
| Option 1: Federally Negotiated Indirect Cost Rate (FNICR) | |
| Application Base: | F |
| Federally Negotiated Indirect Cost Rate (FNICR): % | 9.00% |
| Total Indirect Administrative Costs | |
| OR | |
| Option 2: 10% De Minimus (use if no FNICR) | |
| • | Γ φ |
| Application Base: Modified Total Direct Administrative Cost | \$ - |
| | 10% |
| Total Indirect Administrative Costs | - |
| Direct Administrative Costs | Federal (TANF) |
| Program Salaries and Wages | \$ - |
| Employee Benefits | \$ - |
| Employee Travel | \$ - |
| Employee Training | \$ - |
| Office Rent/Space | \$ - |
| Office Utilities | - |
| Facility Insurance | \$ - |
| Office Supplies (under \$5,000) | \$ - |
| Equipment (Capitol Equipment over \$5,000 threshold) | \$ - |
| Office Communications | \$ - |
| Office Repairs and Maintenance | \$ - |
| Contract/Consulting Other (list): | \$ - |
| (add other categories as needed) | \$ - \$ - |
| Total Direct Administrative Cost | |
| Less: | <u> </u> |
| Equipment (Capital Equipment over the \$5,000 threshold) | |
| Contracting/Consulting (amount of each contract service over \$25,000) | 0 |
| Other based on definition | 0 |
| Modified Total Direct Administrative Cost | \$ - |
| Participant Services | Federal (TANF) |
| Transportation | \$ - |
| Job Training | \$ - |
| Tuition Assistance | \$ - |
| Contracted Residential Care | \$ - |
| Utility Assistance | \$ - |
| Emergency Shelter | \$ - |
| Housing Assistance | \$ - |
| (add others as needed) | \$ |
| Total Participant Costs | s <u>-</u> |
| I hereby certify that the budget is taken from the original Books of Account and that i | |
| valid and consistent with the terms of the contract. | ouuget amounts are |
| Signature of Authorized Representative of [Insert Agency Name] | Date |
| | |
| · · | |
| | ı. |

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State of Missouri OFFICE OF ADMINISTRATION

Division of Purchasing

Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

Kleffner, Julie

From:

Morrison, Mary Ann

Sent:

Wednesday, August 16, 2017 3:44 PM

To:

Kleffner, Julie

Subject: Attachments: FW: Alternatives to Abortion Program Services Agreement: Haven of Grace

CS170042004-002 (Haven of Grace - FY18) APPROVED 8-16-17.pdf

Please see attached.

Thank you.

Mary Ann Morrison, Procurement Officer II

DSS/DFAS

Phone: (573) 526-3433 Fax: (573) 526-4678

Email: maryann.morrison@dss.mo.gov

From: Benne, Joy

Sent: Wednesday, August 16, 2017 3:43 PM

To: Morrison, Mary Ann

Subject: RE: Alternatives to Abortion Program Services Agreement: Haven of Grace

Mary Ann,

Please find attached the "APPROVED" budget for The Haven of Grace.

No changes were made to the original document received.

Thanks.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services
Division of Finance & Administrative Services

Phone: (573) 751-7027 Fax: 573-751-7598

Email: joy.e.benne@dss.mo.gov

From: Morrison, Mary Ann

Sent: Tuesday, August 15, 2017 9:44 AM

To: Benne, Joy

Subject: FW: Alternatives to Abortion Program Services Agreement: Haven of Grace

Please review and advise if acceptable.

Thanks.

Mary Ann Morrison, Procurement Officer II

DSS/DFAS

Phone: (573) 526-3433 Fax: (573) 526-4678

Email: maryann.morrison@dss.mo.gov

From: Kleffner, Julie

Sent: Tuesday, August 15, 2017 9:16 AM

To: Morrison, Mary Ann

Subject: FW: Alternatives to Abortion Program Services Agreement: Haven of Grace

Please review and advise if acceptable to proceed.

Thanks

From: Nicole Feltes [mailto:NFeltes@havenofgracestl.org]

Sent: Monday, August 14, 2017 5:00 PM

To: Kleffner, Julie < Julie.Kleffner@oa.mo.gov >

Cc: Benne, Joy < Joy. E. Benne@dss.mo.gov >; Jo Curran < icurran@havenofgracestl.org >; Heather Winsby

< Hwinsby@havenofgracestl.org>

Subject: Alternatives to Abortion Program Services Agreement: Haven of Grace

Hello Ms. Kleffner,

Please see attached documents and let me know if you have any questions.

Kindest Regards,

Nicole Feltes

Director of Programs

Office: 314-621-6507 Cell: 314-323-8375

The Haven of Grace 1225 Warren St. St. Louis, MO 63106

mission

Serving women who are young, pregnant, and homeless, we provide a safe, nurturing home, educational programs and long-term support for mother and child. Founded in faith, we instill hope, dignity and the pride of independence, one family at a time.

MEMORANDUM

Office of Administration Division of Purchasing

TO:

Laura Ortmexer

FROM:

Julie Kleffner 💸

DATE:

July 19, 2017

RE:

Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

- 1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
- 2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
- 3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract."

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

Kleffner, Julie

From:

Benne, Joy

Sent: To:

Wednesday, July 19, 2017 3:42 PM Morrison, Mary Ann; Kleffner, Julie

Subject:

RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Attachments:

RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services Division of Finance & Administrative Services

Phone: (573) 751-7027 Fax: 573-751-7598

Email: joy.e.benne@dss.mo.gov

From: Morrison, Mary Ann

Sent: Wednesday, July 19, 2017 3:39 PM

To: Kleffner, Julie **Cc:** Benne, Joy

Subject: RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

Mary Ann Morrison, Procurement Officer II

DSS/DFAS

Phone: (573) 526-3433 Fax: (573) 526-4678

Email: maryann.morrison@dss.mo.gov

From: Morrison, Mary Ann

Sent: Wednesday, July 19, 2017 3:29 PM

To: Kleffner, Julie **Cc:** Benne, Joy

Subject: RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know.

In response to (2), funding allocation approximate percentage was taken from section 3.3.2 of the RFP. This percentage was multiplied against the total funding allocation available for FY18 (HB11, section 11.120, lines 4 through 6) which gave the amount of funding for each of the 9 regions. Each region amount was based on # of awards made for each region as outlined in subsection of 3.3.2. Determination on who received the highest percentage is based on ranking from the evaluation process.

Please let me know if there is any additional information needed.

Mary Ann Morrison, Procurement Officer II

DSS/DFAS

Phone: (573) 526-3433 Fax: (573) 526-4678

Email: maryann.morrison@dss.mo.gov

From: Kleffner, Julie

Sent: Wednesday, July 19, 2017 1:05 PM

To: Morrison, Mary Ann

Subject: RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

I will get something drafted for your review.

Please provide (1) an explanation (e-mail/memo) explaining why funds have increased and (2) an explanation how funding for each contractor was determined for inclusion in the contract file.

Thank you

From: Morrison, Mary Ann

Sent: Wednesday, July 19, 2017 12:50 PM

To: PURCHMAIL < purchmail@oa.mo.gov >; Ortmeyer, Laura < Laura.Ortmeyer@oa.mo.gov >; Kleffner, Julie

<<u>Julie.Kleffner@oa.mo.gov</u>>

Subject: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In reference to NR 886 DFA18000005, please renew Alternatives to Abortion contracts/ CS170042001-009. The attached backup documentation includes the amendment verbiage, updated attachments and FY18 budget amounts for each contract (column I).

Prior to sending out for signature, please provide a copy of the amendment for program review.

Please contact me with any questions.

Thank you.

Mary Ann Morrison, Procurement Officer II

Missouri Department of Social Services Division of Finance & Administrative Services 615 Howerton Court P.O. Box 1643 Jefferson City, MO 65102-1643 Phone: (573) 526-3433 Fax: (573) 526-4678

Email: maryann.morrison@dss.mo.gov

Confidentiality Notice: This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at maryann.morrison@dss.mo.gov or by phone at 573-526-3433.

Kleffner, Julie

From:

Abigail Chisom <abigail@psclebanon.org>

Sent:

Tuesday, July 18, 2017 12:23 PM

To:

Benne, Joy

Subject:

RE: A2A FY18 Funding

Hi Joy,

Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.

Thank you.

Abigail Chisom Assistant Director Laclede County Pregnancy Support Center 417-532-8555

From: Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]

Sent: Tuesday, July 18, 2017 11:57 AM

To: 'Abigail Chisom'

Subject: A2A FY18 Funding

Abigail,

Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services
Division of Finance & Administrative Services
Broadway State Office Building
221 W. High St., Room 310
P.O. Box 1082
Jefferson City, MO 65102-1082

Phone: (573) 751-7027

Fax: 573-751-7598

Email: joy.e.benne@dss.mo.gov

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AMENDMENT NO.: 001

CONTRACT NO.: CS170042004

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

TO:

THE HAVEN OF GRACE

1225 WARREN

ST LOUIS MO 63106

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| SCAN AND E-MAIL TO: | Julie.Kleffner@os.mo.gov |
|---------------------|---|
| FAX TO: | (573) 526-9816 |
| MAIL TO: | PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101- |
| | 1517 |

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Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

| A EUDOR INGIUE | Mandingora 2121 For In 1986 APHING LUGING - HAM RECOMMITTION SCUEEN |
|--|---|
| The Haven of Grace | MB00097920 |
| MAILING ADDRESS | |
| 1225 Warren Street | |
| CITY, STATE, ZIP CODE | |
| St. Louis, MO 63106 | |
| | |
| CONTACT PERSON | hwinsby@havenofgracestl.org |
| Heather Winsby | |
| PHONE NUMBER | FAX NUMBER |
| 314-621-6507 | 314-241-4913 |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) | |
| CorporationIndividual State/Local Government Partnership Sole ProprietorX_IRS Tax-Exempt | |
| ALPTHORIZED SIGNATURE | DATE |
| Aleuran | August 14, 2017 |
| PRINTED NAME | TITLE |
| Jo Curran | Interim Executive Director |

AMENDMENT #001 TO CONTRACT CS1700420004

CONTRACT TITLE:

Alternatives to Abortion Program Services

CONTRACT PERIOD:

July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

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| 14 | | | | |
|-----|---------------------|------------------------|----------------------------|---|
| 1 | Geographic Region 6 | \$ 460,312.60 | maximum annual total arioa | |
| 1 | Geographic Region o | Φ_400,314,00 | maximum annual total price | |
| - 3 | | /\$462 041 07\ | · • | Į |
| 1 | | <i>(</i> \$463,841.07) | ł | l |

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

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The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

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Total Request

Alternatives to Abortion Contract NO. CS170042004

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|----------------------------------|--|--|
| Salaries & Wages | 232,368.00 | Director of Programs, Program Manager, |
| Benefits | 29,378.00 | Family Advocate, Therapist, 4 House |
| | 261,746.00 | Parents |
| Direct Admin | | |
| Office Utilities | 24,000.00 | Electric, water, sewer, trash |
| Facility Insurance | 26,880.00 | Commerical Property, General Liability |
| Office Supplies | 2,000.00 | As Stated |
| Office Equip/Computers | 5,440.00 | Computers and furniture |
| Office Comm/Internet | 4,800.00 | phone and wifi |
| Office Rep/Maint | 32,000.00 | eterminating, lawn, irrigation, snow removal |
| Security | 1,600.00 | alarm system, cameras, monitoring |
| Staff Development | 4,000.00 | training |
| Accounting (Grant Assistance) | 3,000.00 | Accounting Services |
| IT & Technology | 8,000.00 | IT Services |
| Consulting (6 Mos.) (Interim ED) | 6,000.00 | As Stated |
| | 117,720.00 | ~ |
| Basic Needs/Baby | | Diapers, wipes, carseats, cribs, hygeine products, clothes |
| Direct Program | | |
| Cable | | Cable services and equipment |
| Grad/Milestone | • | Gifts/incentives for program completion |
| Monthly Outings | | Educational and fun outings for shelter clients |
| Mental Health | • | assesments and ciriculum for life skills |
| Classroom Supplies | -, | As Stated |
| Computer Lab | • | Client computer equipment |
| Transportation | | Bus Tickets, taxi, car rentals |
| Furniture | | Furniture for program needs |
| Food | | Groceries for shelter residents |
| Household Supplies | • | Cleaning supplies, paper products |
| | 42,900.00 | |
| | , -, -, -, -, -, -, -, -, -, -, -, -, -, -, | |
| Total Salaries/Benefits | 261,746.00 | |
| Total Direct Adm | 117,720.00 | |
| | 379,466.00 | •• |
| 10% Indirect | 37,946.60 | |
| Total Program | 42,900.00 | |
| T 4.15 | | |

460,312.60

| | CHASING CONTRACT AMENDMENT ROUTING | GUIDE JK CS17064 | 2004 A# U | 01 8-14 |
|-------------|---|--|-----------------|---------------------------------------|
| NRE | \$66 OFA 1 8000005 Revised 08/17/15 | | | / |
| 1. | Indicate Contract Amendment Type | | | |
| | EWAL: PERIOD OF 3 TOTAL | | | |
| 1 | Renewal - % Increase Cost Savings | Performance Security Deposit: | ø. | • |
| · | | remormance Security Deposit: | p | |
| l | Renewal - \$ Increase Cost Savings | | _ | |
| l | _ Renewal – W/O Increase | Surety Bond: | \$ | _ _ |
| l | SFS Renewal Prices In Original Contract | | | |
| | SFS Renewal - Prices Not in Original Contract | Annual Wage Order Number: | | |
| | | Annual Wage Order Date: | | |
| EVT | ENSION PERIOD: | | | |
| 22.1 | Extension - 30-Day | County(ies): | | |
| 1 | |) | | |
| l | Termination | \ | | |
| | _ Extension - \$ Increase Cost Savings | Other Instructions: | | |
| · | Extension – W/O Increase | | | |
| Γ | Assignment | | | - |
| | Cancellation/Termination | | | |
| 1 | Other Amendment | | | |
| | Outer Americanent | | | |
| 2 2 4 | | River 1 | | (((((((((((((((((((|
| 2, | Preliminary Tasks/Verifications | | | _ |
| j | A. Section 34.040.6, RSMo | Buyer/Section Support |] D) | 1731-17 |
| | B. Purchasing Suspension List | Buyer/Section Support | 0 | 7-31-17 |
| - | C. Federal Suspension - SAM.GOV | Buyer/Section Support | - ** | |
| <u> </u> | | | (2)- | 3-17 |
| <u> </u> | D. Labor Stds - OA/FMDC Contractor Debarment Lists | Buyer/Section Support | | Γ΄ |
| - { | E. Review of Participation Commitment Attainment - If app, | 1 | Ţ | } |
| L | Verify Receipt of 1st Renewal - Blind/Shel Wkshp Affdvt | Buyer | | — |
| 1 | F. SFS Review/Justification - Insert Advertising Date, if | |] | <u></u> |
| 1 | applicable | Buyer | | l |
| 3. | Prepare Contract Amendment | Buyer/Section Support | - | 7-31-17 |
| | Review/Approve Contract Amendment (If Signature | Buyen section Support | | 1011 |
| | | 1 | 1 | 7 7 77 |
| | Required) | Buyer | / B(| 7.31.17 |
| | | | | |
| | Initial Supervisor Section LO | Asst | Director | |
| | Initial Supervisor Section LO Date Manager | Asst | Director | |
| | Date Supervisor Manager | Asst Director | | 21-17 |
| 5. | Date Supervisor Manager E L E-Mail/Fax Contract Amendment (If Signature Required) | Asst Director Buyer/Section Support | OT | 8-1-17 |
| 5. | Date Supervisor Manager E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number AVer | Asst Director Buyer/Section Support + D haven of araces | OT | 8-1-17 |
| 5. | Date Supervisor Manager SU E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number Aver State Agency Contact E-Mail Address Manager SU Aver | Asst Director Buyer/Section Support + D haven of araces | OT | 8-1-17 |
| 5. | Date Supervisor Manager BU E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number AVEY State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Follow-Up Notes: | Asst Director Buyer/Section Support + D haven of araces | OT | 8-1-17 |
| 5. | Date Supervisor Manager SU E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number Aver State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Follow-Up Notes: Review Contract Amendment Response - Verifications | Asst V) Director Buyer/Section Support Handler of graces Morrison | OT | 8-1-17 |
| 5. | Date Supervisor Manager SU E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number OVEN State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Follow-Up Notes: Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing | Asst Director Buyer/Section Support A NOTTIS DI Buyer/Section Support | OT | 8-1-17 |
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| 5. | Date Supervisor Manager E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo | Asst Director Buyer/Section Support A Director Buyer/Section Support Buyer/Section Support Buyer/Section Support | OT | 8-1-17 |
| 5. | Date Supervisor Manager SU E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number AVEV State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Follow-Up Notes: Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond | Asst Director Buyer/Section Support A MORRIS DE Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support | OT | 8-1-17 |
| 5. | Date Supervisor Manager SU E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number Avev State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Follow-Up Notes: Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language | Asst Director Buyer/Section Support Augment of araces Morrison Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support | OT | 8-1-17 |
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| 5. | Date Supervisor Manager S L E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number OVEV State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Follow-Up Notes: Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ | Asst Director Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer Buyer Buyer Buyer | OT | 8-1-17 |
| 5. | Date Supervisor Manager E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unless Complete unless Contract Assignment Only Verifications - Complete Unless Contract Amendment Only Verifications - Complete Unless Contract Only | Asst Director Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer Buyer Buyer Buyer | OT | 8-1-17 |
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| 5. | Date Supervisor E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unled 1. E-Verify Exhibit/Affidavit/Documentation | Asst Director Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer | OT | 8-1-17 |
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| 5. | Date Supervisor E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unled 1. E-Verify Exhibit/Affidavit/Documentation 2. Assignment and Consent Form 3. Purchasing Suspension List | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support | OT | 8-1-17 |
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| 5. | Date Supervisor E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unle 1. E-Verify Exhibit/Affidavit/Documentation 2. Assignment and Consent Form 3. Purchasing Suspension List 4. Federal Suspension - SAM.GOV 5. Labor Stds - OA/FMDC Contractor Debarment Lists | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer/Section Support | OT | 8-1-17 |
| 5. | Date Supervisor E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unle 1. E-Verify Exhibit/Affidavit/Documentation 2. Assignment and Consent Form 3. Purchasing Suspension List 4. Federal Suspension - SAM.GOV 5. Labor Stds - OA/FMDC Contractor Debarment Lists Prepare Contract Amendment Award Document/Statewide Notice | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer Buyer Buyer Buyer Buyer Buyer Buyer Buyer Buyer/Section Support | OT | 8-1-17 |
| 5. | Date E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unle 1. E-Verify Exhibit/Affidavit/Documentation 2. Assignment and Consent Form 3. Purchasing Suspension List 4. Federal Suspension - SAM.GOV 5. Labor Stds - OA/FMDC Contractor Debarment Lists Prepare Contract Amendment Award Document/Statewide Notice Review/Approve Contract Amendment Award Document | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer/Section Support | OT | 8-1-17 |
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| 7. 8. | Date Supervisor Manager S U | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer/Section Support Buyer | HI. org | 8-1-17 |
| 5. | Date Supervisor E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unle 1. E-Verify Exhibit/Affidavit/Documentation 2. Assignment and Consent Form 3. Purchasing Suspension List 4. Federal Suspension - SAM.GOV 5. Labor Stds - OA/FMDC Contractor Debarment Lists Prepare Contract Amendment Award Document/Statewide Notice Review/Approve Contract Amendment Award Document Initial Supervisor Date Process Contract Amendment Manager Section Manager Section | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer Buyer Buyer Buyer Buyer Buyer Buyer Buyer/Section Support | HI. org | 8-1-17 8-22-77 8-22-77 |
| 5. 6. 7. 8. | Date Supervisor E-Mail/Fax Contract Amendment (If Signature Required) Contractor E-Mail Address/Fax Number State Agency Contact E-Mail Address Section 34.040.6, RSMo, Letter Review Contract Amendment Response - Verifications A. Renewal/Extension Pricing B. Section 34.040.6, RSMo C. Performance Security Deposit/Surety Bond D. Renewal/Extension with Cost Savings Language E. Statewide Notice F. SFS Authorized Limit \$ G. Contract Assignment Only Verifications - Complete unle 1. E-Verify Exhibit/Affidavit/Documentation 2. Assignment and Consent Form 3. Purchasing Suspension List 4. Federal Suspension - SAM.GOV 5. Labor Stds - OA/FMDC Contractor Debarment Lists Prepare Contract Amendment Award Document/Statewide Notice Review/Approve Contract Amendment Award Document Initial Supervisor Date Process Contract Amendment AM 300 PMM | Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer/Section Support Buyer Buyer Buyer Buyer Buyer Buyer Buyer Section Support Buyer/Section Support | HI. org | 8-1-17 8-22-77 8-22-77 |
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